

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Assess

Application or Docket Number

| CLAIMS AS FILED - PART I   |  |   |                                     |                                       |                |                                       |   | SMALL ENTITY        |                        |      | OTHE                | R THAN                 |
|--|--|---|-------------------------------------|---------------------------------------|----------------|---------------------------------------|---|---------------------|------------------------|------|---------------------|------------------------|
| L  |  |   | (Cofur                              | mn 1)                                 |                | (Column 2)                            |   | TYPE                |                        | OR   | SMALL ENTITY        |                        |
| U.S. NATIONAL STAGE FEES   |  |   |                                     |                                       |                |                                       |   | RATE                | FEE                    |      | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL EN                            | T. = \$ 150                           | LAF            | RGE ENT. = \$ 300                     | 1 | BASIC FEE           |                        | OR   | BASIC FEE           | 309                    |
| EXAMINATION FEE  |  |   | Satisfies PCT. (4) = \$5            |                                       | ž .            | other situations = \$ 100 / \$ 200    | - | EXAM FEE            |                        | 1    | EXAM. FEE           | 202                    |
| SEARCH FEE   |  |   | U.S. is ISA = ALL other co \$ 200 / | ountries =                            |                | other situations =<br>\$ 250 / \$ 500 |   | SEARCH FEE          |                        |      | SEARCH FEE          | +                      |
| FEE FOR EXTRA SPEC. PGS.   |  |   | 4 mir                               | /minus 100 =                          |                | /50 =                                 | 1 | X \$ 125 =          |                        | 1    | X \$ 250 =          | † <u> </u>             |
| TOTAL CHARGEABLE CLAIMS  |  |   | 33                                  | 3 3 minus 20 =                        |                | 13                                    |   | X \$ 25 =           |                        | OR   | X \$ 50 =           | 650                    |
| INDEPENDENT CLAIMS   |  |   | 6                                   | ninus 3 =                             | • (            | 3                                     | 1 | X \$ 100 =          |                        | OR   | X \$ 200 =          | 600                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                                     |                                       |                |                                       |   | +\$ 180 =           |                        | OR   | + \$ 360 =          | 1                      |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                     |                                       |                |                                       |   | TOTAL               |                        | OR   | TOTAL               | MS                     |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAMS HIGHEST   |  |   |                                     |                                       |                |                                       |   | SMALL I             | NTITY                  | OR   | OTHER<br>SMALL      |                        |
| AMENDMENT A  | 6/5/05   | REMAINING<br>AFTER<br>AMENDMENT           |                                     | NUMB<br>PREVIO<br>PAID F              | ER<br>USLY     | PRESENT<br>EXTRA                      |   | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | : 33                                      | Minus                               | - 33                                  | 3              | - /                                   |   | X \$ 25 =           |                        | OR   | X \$ 50 =           |                        |
|  | Independent                                    | 6   | Minus                               | 6                                     |                | = /                                   |   | X \$ 100 =          |                        | OR   | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                                       |                |                                       | I | + \$ 180 =          |                        | OR   | +\$ 360 =           |                        |
|  |  |   |                                     |                                       |                |                                       | _ | TOTAL ADDIT.<br>FEE |                        | OR   | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |                                     | (Column                               | 1 2)           | (Column 3)                            |   |                     |                        |      |                     |                        |
| 2  | 11/30/05                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>R<br>SLY | PRESENT<br>EXTRA                      |   | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
| OMENI B  | <b>Fotal</b>                                   | . 33                                      | Minus                               | · 3:                                  | 3              | -                                     | ſ | X \$ 25 =           |                        | OR   | X \$ 50 =           |                        |
| T T T  | ndependent                                     | . 6                                       | Minus.                              | 4                                     |                | = /                                   |   | X \$ 100 =          |                        | OR   | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                                       |                |                                       |   | + \$ 180 =          |                        | OR   | + \$ 360 =          |                        |
|  |  |   |                                     |                                       |                |                                       |   |                     |                        | OR 1 | OTAL ADDIT.         |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                     |                                       |                |                                       |   |                     |                        |      |                     |                        |